

# **MARYLAND HEALTH CARE COMMISSION**

## ***UPDATE OF ACTIVITIES***

**September 2005**

### **DATA SYSTEMS & ANALYSIS**

#### **Maryland Trauma Physician Services Fund**

MHCC received approximately 52 applications for the period of service from January 1, 2005 through June 30, 2005. All seven Level II and III trauma centers and 44 physician practices submitted applications to the Maryland Trauma Physician Services Fund (Fund). A detailed payment disbursement report was mailed to each applicant. Applications approved for payment were forwarded to the Office of the Comptroller for payment processing. Staff anticipates that applicants will receive funds issued by the Office of the Comptroller around the end of September.

The Trauma Fund auditor, Clifton Gunderson, LLP, submitted a draft version of its annual Fund audit activities to MHCC. The report includes their review of all on call, standby, and uncompensated care applications reviewed during Fiscal Year 2005. The auditor's report also includes some application process enhancements for consideration by staff. Information provided by the auditor will be included in the *2005 Maryland Trauma Physicians Services Fund -- Report to the Maryland General Assembly*. The report is tentatively scheduled for release in late September.

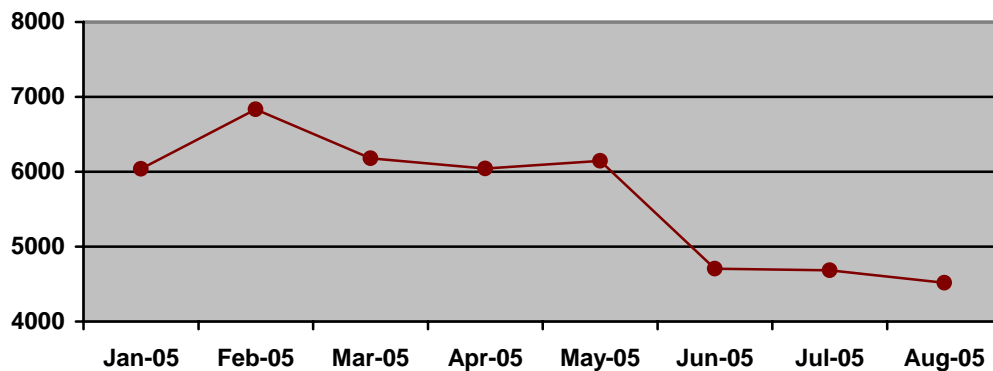
The Department of Budget and Management (DBM) completed its review of MHCC's Task Order Request for Proposal (TORFP) for auditing trauma physicians and centers reimbursed by the Fund. In August, DBM released the TORFP to master contract firms judged technically capable of performing financial audits for Maryland state agencies. Staff scheduled a pre-bid conference at MHCC in early September. Responses from vendors are due in September; staff anticipates making a selection in early October.

#### **Data Base and Application Development**

##### **Access to MHCC Products**

The Commission's website had about 12,750 unique visits during August, which was up just slightly from July visits. Visits to the non-consumer sites drove the increase. These sites include the Internet-based survey sites and various sites pertaining to CON processes, EDI and technology initiatives, and health care expenditure studies. About 35 percent of the visits (4,500) were to the consumer quality utilization sites for HMOs, hospitals, nursing homes, and ambulatory surgery centers. Utilization at the consumer sites has been stable or trended downward since May. The trend in use of consumer sites is shown in Figure 1 (HMO, assisting living, nursing home, and ambulatory surgery sites). The hospital site saw about 2,600 visits, which was down 9 percent from July. The nursing home and assisted living sites each had approximately 500-600 visits with visits to the HMO product lower. MHCC will update the sites with more current information beginning with the HMO site in September. New information will dramatically increase traffic to that site for 3-4 months.

**Figure 1 -- Use of MHCC Consumer Sites: HMO, Hospital, Nursing Home, Assisted Living, and Ambulatory Surgery**



### Release of the Long-term Care Survey

The Long-term Care Survey was released on July 25<sup>th</sup>. The survey gathers information on the use of services in approximately 700 nursing homes, assisting living centers, subacute care facilities, and adult day care centers. Descriptive information derived from the survey results is used in the nursing home quality report card, the assisted living utilization guide, and several health planning activities. Figure 2 presents the overall progress of the survey to date. Response to the survey has been somewhat disappointing, 211 facilities have completed the survey as of September 7<sup>th</sup>. Staff expects the remaining facilities to complete the survey by the September 25<sup>th</sup> deadline.

Figure 2 2004 LONG TERM CARE SURVEY TRACKING 9/7/2005						Start Date		7/27/2005	
						Days Left		18	
						Ending Date		9/25/2005	
Tracking	All	Comp	Assisted	Comp/Assist	Adult	Extended	Subacute	Chronic	
Survey Not Started	184 26 %	35 16 %	128 38 %	3 30 %	15 13 %	1 50 %	2 15 %	0 0 %	
Survey in Progress	259 37 %	97 44 %	109 33 %	4 40 %	37 33 %	1 50 %	7 54 %	4 57 %	
Completed and Under Review	8 1 %	4 2 %	2 1 %	0 0 %	1 1 %	0 0 %	0 0 %	1 14 %	
Rejected and Being Corrected	19 3 %	8 4 %	6 2 %	1 10 %	4 4 %	0 0 %	0 0 %	0 0 %	
Corrected and Under Review	15 2 %	4 2 %	6 2 %	1 10 %	4 4 %	0 0 %	0 0 %	0 0 %	
Completed and Accepted	211 30 %	70 32 %	83 25 %	1 10 %	51 46 %	0 0 %	4 31 %	2 29 %	
Total Surveyed	696	218	334	10	112	2	13	7	
Exempted	0	0	0	0	0	0	0	0	
Total LTC Facilities	696	218	334	10	112	2	13	7	

### Internet-Based Re-Licensure Application

The Maryland Board of Physicians (MBP) physician licensure renewal application developed by MHCC was released on July 18th. This is the first year that physicians have been required to renew via the Internet application. MBP found that adding a credit card feature has made the electronic payment option more popular. An optional survey allows physicians to provide feedback on the survey. Figure 3 presents results from assessment of the application.

**Figure 3 MBP License Renewal Evaluation Panel**

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>
QUESTION 1 -- How clear were the instructions for completing the information requested on the renewal application?	911	445	44	9	6
QUESTION 2 -- How well did you understand the need for all of the information requested in the renewal application?	821	481	91	15	1
QUESTION 3 -- How helpful was the tutorial?	339	268	35		
QUESTION 4 - Was the information requested in a logical manner?	856	499	47	5	3
QUESTION 6 How would you rate the efficiency of the renewal process?	942	378	47	14	6
QUESTION 7 - How would you describe the timeliness of the renewal licensure process?	889	401	52	17	35
	<b>Many</b>	<b>Few</b>	<b>None</b>		
QUESTION 5 - Did you experience any technical difficulties using the online renewal application?	48	376	987		
	<b>5 min or less</b>	<b>15 min</b>	<b>30 min</b>	<b>45 min</b>	<b>More</b>
QUESTION 8 -- How long did it take for you to complete the online application?	101	697	445	89	82

Note: Completion of the survey is optional, as of September 7<sup>th</sup>, over 5,600 physicians have responded.

## **Cost and Quality Analysis**

### **Study on the Use of Mail Order Pharmacies**

SB 885 requires the MHCC and the Maryland Insurance Administration (MIA), in consultation with the Maryland Board of Pharmacy (BOP), to study the utilization impact, cost savings, financial impact on retail pharmacies, and convenience of mail order service for purchasing specified maintenance drugs. MIA has agreed that MHCC will take the lead on this study. In July, MHCC staff met with representatives from the BOP to discuss the broad directions of the study and was given access to a number of BOP's information sources related to the study.

Staff has developed a study plan that will examine trends in drug utilization, national trends in the use of mail order by private and public payers that includes recent rules adopted by CMS. The Medical Care Data Base Prescription Drug Component will be used to characterize use of retail and mail order pharmacies by the privately insured population. The National Association of Retail Drug Stores will provide data on financial performance of the industry in Maryland over the past several years.

## **EDI Programs and Payer Compliance**

### **Health Information Technology Initiatives**

During the month staff continued to work with the Health Services Cost Review Commission (HSCRC) in reviewing the Maryland / D. C. Collaborative's (Collaborative) proposal for developing a statewide Regional Health Information Organization (RHIO). Staff was asked for assistance in evaluating the Collaborative's proposal by the HSCRC. The Collaborative is seeking a two-year funding grant from the HSCRC to conduct a pilot project in Howard County. Staffs from the MHCC and HSCRC are in the early stages of exploring various possibilities for a RHIO in Maryland.

Last month, staff initiated efforts to identify participants that could serve on the Task Force to Study Electronic Health Records (SB 251). Staff expects to forward a list of nominees to the Department of Mental Health and Hygiene (DHMH) in September. DHMH will send the list to the Governor's Office, which will consider MHCC's recommendations in selecting participants on the task force. The task force is required to study electronic health records and the current and potential expansion of electronic health record utilization in the state. Staff expects the task force to function broadly in an advisory role in the development of a Maryland RHIO.

### **E-Scripting Initiative**

Last month staff continued to provide consultative support to EHNAC (Electronic Health Network Accreditation Commission) for additional testing of the MHCC and EHNAC E-Scripting Certification Criteria. The Utah Health Information Network agreed to conduct a criteria review test and identified only a modest number of questions for review by staff. The E-Scripting Certification program is scheduled to go live on September 1<sup>st</sup>. SureScripts and RxHub remain on target for completing an EHNAC accreditation and MHCC certification application around the end of September. Pharmacy networks will have 12 months from the application date to complete their self-assessment material and schedule an EHNAC site visit.

### **EDI and Other Administrative Simplification Initiatives**

Staff completed compiling data from 40 payers that submitted a 2005 EDI Progress Report in accordance with COMAR 10.25.09—Requirements for Payers to Designate Electronic Health Networks. This regulation requires payers to report (each year by June 30<sup>th</sup>) census-related paper and electronic health care transaction activity from the prior calendar year. Last month, staff spent a considerable amount of time working with payers to resolve questions on the data it received. Preliminary findings suggest that EDI adoption has increased slightly over last year.

The *2005 EDI-HIPAA Progress Report* (report) is scheduled for release in November. Staff intends to meet with leading payers around year-end to review findings from the report and broadly discuss payer initiatives for boosting technology use among providers. Information contained in the report is used each year by staff to facilitate technology adoption among payers and providers. Over the next year, staff plans to build upon its technology awareness programs with small provider offices.

Last month, staff participated in the annual Payer Dental Directors Workgroup (workgroup) which consists of dental directors from most payers that market dental programs in Maryland. The workgroup invited staff to present on findings of the *2004 Dental EDI Review*. Participants at the workgroup meeting found the information to be informative and commended staff for developing a useful resource on dental EDI. Most participants of the workgroup planned to use the information in crafting strategies aimed at improving their share of dental EDI.

### **EHN Certification**

Last month, staff assisted two electronic health networks (EHNs or networks) seeking MHCC certification. Each year payers identify EHNs on their list of approved networks for exchanging transactions as part of their annual EDI Progress Report. Several EHNs were identified by payers that are not certified. Over the next couple of months, staff plans to contact these EHNs to discuss the MHCC certification program. COMAR 10.25.07—Electronic Health Network Certification, requires payers to accept electronic transactions from only MHCC certified EHNs.

During the month staff continued to obtain input from payers and EHNs as it relates to proposed modifications to COMAR 10.25.07. Staff continued to work with payers and EHNs on draft modifications to the regulation. Staff has been gathering feedback from the industry in an effort to align the regulations with activities in the market place. Final recommendations are targeted for late fall.

## **PERFORMANCE AND BENEFITS**

### **Benefits and Analysis**

#### **Small Group Market**

##### **Comprehensive Standard Health Benefit Plan (CSHBP)**

At the May meeting of the Commission, staff presented the findings from the annual carrier financial surveys. The initial results of the surveys indicated that the average cost of the CSHBP was estimated to be above the ten percent affordability cap (at approximately 102%) for CY 2004 and that the Commission would be required to adopt cost sharing or benefit changes to the CSHBP. Throughout the summer, the consulting actuary (Mercer) conducted an audit of the surveys. The results of the audits project that the overall cost of the CSHBP will be under the cap (at about 98%) in 2005 but over the cap in 2006 (at about 103.3%). At this month's Commission

meeting, staff will present options for a proposed redesign of the CSHBP as well as some long term strategies relating to small group reform. In October, the Commission will hold a series of town meetings throughout Maryland to hear testimony on both the short term and the long term initiatives. At the November meeting, the Commission will vote on any proposed regulatory changes to the CSHBP. If changes are made to the Plan, the regulatory process will commence by the end of the year so that any changes to the CSHBP can be implemented effective July 1, 2006.

### **Limited Benefit Plan (LBP)**

In 2004, the Maryland General Assembly enacted SB 570, requiring the Commission to develop a Limited Benefit Plan (LBP) that participating carriers could offer to certain small employers beginning July 1, 2005. Along with conducting meetings with interested parties and a public hearing, staff worked with Mercer, its consulting actuary, as well as CareFirst and MAMSI, to develop alternative proposals that meet the statutory requirement of pricing the LBP at 70% of the cost of the CSHBP as of January 1, 2004. The Commission approved the final regulations at the March 2005 meeting. The regulations were implemented effective July 1, 2005. CareFirst and MAMSI, the two carriers required to participate in this program, began offering the capped benefit proposal on July 1, 2005. A report on the take-up rate of the LBP is due by July 1, 2008.

### **Website**

Commission staff have developed a website to be used as a guide for small business owners in their search for health insurance for their employees. This "Guide to Purchasing Health Insurance for Small Employers" is available on the Commission's website at: [www.mhcc.state.md.us/smgrpmt/index.htm](http://www.mhcc.state.md.us/smgrpmt/index.htm). Commission staff have developed a bookmark describing information available on the small group website. This bookmark has been distributed to various interested parties, such as small business associations, Chambers of Commerce, the Maryland legislature, the Department of Labor, Licensing and Regulation, and the Department of Business and Economic Development. As a result of the initial mailing, many of these organizations have requested additional bookmarks to distribute to their constituents.

### **Health Savings Accounts**

In December 2003, Congress passed the Medicare Prescription Drug, Improvement and Modernization Act, authorizing the offering of health savings accounts (HSAs) in conjunction with high deductible health plans. These plans became available to small employers in Maryland effective July 1, 2004 if carriers elect to develop and market them. The CSHBP regulations have been modified to accommodate this offering during the transition period (for contracts sold between July 1, 2004 and December 31, 2004) and may have to be further modified to accommodate additional federal guidelines in the future. Aetna began offering an HSA-compatible PPO product in Maryland's small group market in August 2004.

The National Association of Health Underwriters has added a new section to its website entitled, "Understanding Health Savings Accounts." The link also has been linked to the above-mentioned Commission website for small businesses. (<http://www.nahu.org/consumer/HSAGuide.htm>)

### **Evaluation of Mandated Health Insurance Services (2004)**

Pursuant to the provisions of §15-1501(f)(2) of the Insurance Article, *Annotated Code of Maryland*, Commission staff requested that members of the House Health and Government Operations (HGO) and Senate Finance Committees submit proposals for mandated health insurance services that they would like included in the annual evaluation. One request for review was submitted. As required under current law, the Commission must evaluate all mandates enacted or proposed by the General Assembly and new suggestions submitted by a member of the

General Assembly by the July 1<sup>st</sup> deadline. The 2005 report is due to the Maryland General Assembly by the start of the 2006 legislative session. The 2004 report is available on the Commission's website.

## **Facility Quality and Performance**

### **Web Site Guides**

#### **Hospital Performance**

Revisions and enhancements of the web site that is available for public viewing continue. The most recent content addition was the presentation of OB data, which became publicly accessible in May 2005. These changes reflect the recommendations of the Steering Committee as well as those contained in reports from external evaluators (i.e., Lewin and Techwrite). Additional changes to the scope, content, ease of use, and relevance of the web site are anticipated (especially in the areas of hospital infections, patient safety and patient satisfaction) as the site continues to evolve and based upon the feedback of various constituencies. Currently, this site is being revised and maintained by an outside contractor (Delmarva Foundation) working in collaboration with MHCC. A second site, currently accessible only to hospitals, has been activated as part of Maryland hospitals' efforts to improve infection rates. Information regarding the use of antibiotics associated with three specific surgeries (hip, knee, and colon) is being reported by all state hospitals and collected by the contractor (Delmarva Foundation). During its pilot stage, access to this information is currently limited to the submitting hospital, the contractor, and MHCC. While collection and reporting of this data is mandatory, hospitals are encouraged to voluntarily submit infection data for hysterectomies, coronary artery bypass grafts, and other cardiac surgeries. This information will be evaluated by the Steering Committee, MHCC's contractor, and staff and is anticipated to be available for public review in 2006.

#### **Nursing Home Performance**

With the cooperation of Maryland's nursing homes, key resident information was submitted to MHCC's contractor (Market Decisions) in August of 2005. As a result, a patient satisfaction survey tool, which was recently finalized, will be mailed to the designated representative of each resident's family for completion. Composite data of the results of this pilot survey are scheduled to be available in a report from the contractor in February 06.

#### **Maryland Patient Safety Center/AHRQ Action Grant**

As a member of the Patient Safety collaborative and in support of the Maryland Patient Safety Center, MHCC is participating in the development and submission of an application to the Agency for Healthcare Research and Quality (AHRQ). Acceptance of this application by AHRQ will position the multi-organizational collaborative to be considered for implementation grant funding of patient safety initiatives in the future.

#### **Hospital Infections Control/Prevention**

In addition to the activities noted earlier (see Web Site Guides; Hospital-private site) MHCC is also working with the Maryland Patient Safety Center to reduce and eliminate both blood stream infection rates and ventilator associated pneumonia for ICU patients. This information is projected to be collected and reported by hospitals during late 2005/early 2006 and available for public review in late 2006.

### Contractor Performance Monitoring

Staff met with representatives of the Delmarva Foundation in late August to review the vendor's 2005 contractual performance and identify, prioritize, and confirm 2006 deliverables and timetables.

### HMO Quality and Performance

#### Distribution of 2004 HMO Publications

Cumulative distribution: Publications released 9/27/04	9/27/04 to 8/31/05	
	Paper	Electronic Web
Measuring the Quality of Maryland HMOs and POS Plans: 2004 Consumer Guide (22,000 printed) + (reprint 2,100)= 24,100 copies	23,927	Visitor sessions = 2,689
2004 Comprehensive Performance Report: Commercial HMOs & Their POS Plans in Maryland (600 printed)	600	Visitor sessions = 1,291
Measuring the Quality of Maryland HMOs and POS Plans: 2004 State Employee Guide— 50,000 printed and distributed during open enrollment		

**8<sup>th</sup> Annual Policy Issues Report (2004 Report Series) –**  
**Released January 2005; distribution continues until January 2006**

Maryland Commercial HMOs & POS Plans: Policy Issues (900 printed)	609	Visitor Sessions: 527
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### Distribution of Publications

Division staff prepared for fall distribution by completing various support activities. Cover letters have been drafted for mailings to libraries, consumers, legislators, and others who receive copies during fall distribution. Display boxes for public libraries and other materials to facilitate quick shipment have been received. Several databases used for this large mailing have been updated. With preparation tasks completed, shipment of the new reports can begin about a week prior to the official release. Embargoed copies and supplies designated for public libraries have been released for early distribution to allow plans included in the report the opportunity to review the information prior to the press conference and libraries to have copies on hand on the date the reports become publicly available.

Distribution through public libraries has historically accounted for about half of all distribution. An announcement of the impending release of the *Guide* was communicated to all public library systems in the state. Public libraries continue to send requests, in response to that solicitation, for orders. In addition, over forty county and local chambers of commerce were emailed, informed of the impending release of the *Guide*, and asked to communicate this news to their members. Each chamber will receive a sample copy of the new *Guide* as soon as it is available for public distribution.



The MIA has again requested quantities to make available to consumers during their community outreach engagements. Most recently, the MIA distributed one hundred copies to visitors at the Maryland State Fair.

In terms of the percentage of printed copies distributed, 2004 was the best year ever. With less than two hundred copies of the Guide left in inventory at the close of August, more than 99% of all copies printed have been distributed. Distribution of the 2004 *Comprehensive Report* was equally impressive as all available copies were shipped. This month's totals are very close to final counts for the year, since new reports comprising the 2005 series of publications will be released shortly.

## **2005 Performance Evaluation: HEDIS Audit and CAHPS Survey**

### **HEDIS Audit Activities**

HealthcareData.com (HDC), our contractor for the HEDIS audit, met with staff on several occasions throughout the summer to prepare for the implementation of the audit process in 2006. During a debriefing meeting, recommendations for audit staffing changes were made by Division staff, resulting in the assignment of new lead auditors by the contractor.

During August, HDC met with staff to finalize documentation requirements for the audit and to resolve issues concerning the "test deck process," a new automated validation method introduced conceptually in 2005. HDC consulted with staff in the selection of several clinical measures that will undergo this review. Other procedural decisions were finalized during the meeting as well.

Continuing to ready all participants for the next audit season included the development and presentation on the use of test decks. Representatives from the seven plans that reported performance results to the Commission in 2005 attended the class. In addition to the technical guidance, representatives received written materials and a sample file for use by their IT departments. Technical support is also being provided by NCQA.

### **Consumer Assessment of Healthcare Providers and Systems (CAHPS Survey)**

The Myers Group (TMG), the CAHPS vendor, completed the final deliverable of the contract in July. This is the first year this vendor has contracted with the Commission. Overall, survey administration went smoothly. The vendor provided a superior final report that contained analysis not previously performed in years prior. Early comments from plans have been favorable. Staff will meet with TMG staff in September for a debriefing.

### **Report Development—2005 Report Series**

Content, layout, and design work for the *Guide* have been finalized. Procurement activities this summer affected the initiation of report development, delaying completion of the Comprehensive Report. The report development contractor has agreed to provide printing services for this lengthy report to accommodate MHCC's scheduled release of this Division's reports at the press conference.

Formal release of the consumer-oriented report *Measuring the Quality of Maryland HMOs and POS Plans: 2005 Consumer Guide* and the *Comprehensive Report* will take place at the end of September. Unlike prior years, the State Employee Guide will not be available until spring due to changes in state employees' benefit year. The new release period for that report will coincide with the change the dates for state employees' open enrollment.

## **Report Development Contract**

Staff attended the August 10th meeting of the Maryland Board of Public Works, which took final action and approved award of the report development contract for 2005—2007, with an extension period of one additional year through May 31, 2008, to NCQA.

## **HEALTH RESOURCES**

### **Certificate of Need**

Staff issued twenty-two determinations of non-coverage by Certificate of Need (CON) review during July and August.

Suburban Hospital in Montgomery County received a determination of non-coverage by CON review for renovation of a medical/surgical unit with a capital cost that is below the current threshold of \$1.65 million; and Maryland General Hospital of Baltimore City received a determination of non-coverage by CON review for the construction of a state-of-the-art library at its campus whose capital cost is also below the current threshold.

Union Memorial Hospital in Baltimore City received a determination of non-coverage by CON review for two proposed capital expenditure projects: (1) to create a state-of-the-art “Heart Institute;” and (2) to relocate the orthopedic and pediatric departments, and upgrade the lobby, hallways, and patient corridors on two floors of the hospital, pursuant to its pledge not to raise rates.

A determination of non-coverage by CON review was also issued to Maryland Endoscopy Center for acquisition of 51% ownership by Maryland Endoscopy Holdings, Inc., a wholly owned subsidiary of AmSurg Corp. Other surgery centers receiving determinations of non-coverage by CON review were Summitt Ambulatory Surgical Center, LLC (Harford County) to establish a free-standing ambulatory surgery center (ASC) with one non-sterile procedure room in Bel Air; Charles County Endoscopy ASC to establish an ASC with three non-sterile procedure rooms in Waldorf; Eye Surgical Center Associates of Baltimore (Baltimore County) for the addition of general surgery and pain management services at the center; and Orthopaedic Associates of Frederick to establish an ASC with two non-sterile procedure rooms to be located in the City of Frederick.

Johns Hopkins Bayview Medical Center (Baltimore City) notified the Commission of the acquisition of 49 temporarily delicensed comprehensive care facility (CCF) by Govans Ecumenical Development Corporation (GEDCO), which submitted a corresponding notice of acquisition and will file a letter of intent in accordance with the Commission’s review schedule to relocate these beds to a new proposed facility.

The following facilities received determinations of non-coverage for requested to change licensed bed capacity: Mariner HealthCare of Circle Manor (Washington County) for the temporary delicensure of all 80 comprehensive care facility (CCF) beds at the facility; South River Health & Rehabilitation Center (Anne Arundel County) for the temporary delicensure of 8 CCF beds; and Forestville Health and Rehabilitation Center (Prince George’s County) for the temporary delicensure of 8 CCF beds. The following facilities located in the City of Baltimore received determinations of non-coverage by CON review: Franklin Square Health & Rehabilitation Center for the relicensure of 14 temporarily delicensed beds; Northwest Health & Rehabilitation Center

for its plan for the relicensure of 4 temporarily delicensed beds by December 6, 2005; and Ravenwood Nursing & Rehabilitation Center for the temporary delicensure of 25 CCF beds. In addition, Ravenwood was notified that 45 of its previously temporarily delicensed beds were deemed abandoned by the Commission. Springbrook Nursing & Rehabilitation Center of Montgomery County received a determination of non-coverage by CON review for the temporary delicensure of 4 CCF beds, and was also notified that 4 previously temporarily delicensed beds were deemed abandoned by the Commission.

Other determinations of non-coverage by CON review were issued to Sheppard Pratt Hospital (Baltimore County) to establish a 15 bed long-term care adolescent substance abuse program for adolescents ages 12 to 17 to be called the Windy Brae at Sheppard Pratt; and to Lasik Surgery Center of Baltimore City to establish a Lasik surgical facility.

The Certificate of Need Task Force, chaired by Commissioner Robert E. Nicolay, met on July 14, August 11, August 25, and September 8, 2005 in the Commission's offices at 4160 Patterson Avenue, Conference Room 100, Baltimore, Maryland.

### **Acute and Ambulatory Care Services**

The Commission released the *Annual Report on FY 2006 Licensed Acute Care Hospital Bed Capacity* in July, which reflects Maryland's acute general hospitals' new licensed acute care bed capacity effective July 1, 2005. The number of licensed acute inpatient beds increased from 10,321 last year to 10,323 for next year. The number of licensed beds has not changed materially because, statewide, average daily census has also not changed significantly. Since 2000, Maryland law has required annual recalculation of all acute care hospitals' licensed capacity, based on their previous year's average daily census. Every hospital's licensed capacity is equal to 140% of its average daily census for the previous 12 month period ending March 31<sup>st</sup>. Within that number, hospitals are required to designate the number of beds for each acute care service. The resulting licensed bed capacity serves as the single, official source of acute care hospital bed inventory for the state. The report also includes an inventory of emergency department treatment capacity, an inventory of critical care beds, and an inventory of total available physical acute care capacity (self-reported).

Holy Cross Hospital submits monthly reports to the Commission on the status of its construction project pursuant to the March 2004 approval of the modification to the hospital's Certificate of Need. The purpose of these reports is to advise the Commission about any potential changes to the terms of the modified CON, including changes in physical plant design, construction schedule, capital costs and financing mechanisms. The hospital's August and September 2005 updates report no changes to the project cost, the design or the financing of this project. The project is on schedule. The last phase of the project, the addition of a new front to the hospital, is underway, and scheduled for completion in November of this year.

### **Long Term Care and Mental Health Services**

Staff of the Long Term Care Division held a Long Term Care Data Focus Group meeting on August 2, 2005. Among those attending were representatives of the Health Facilities Association of Maryland, Mid-Atlantic Lifespan, the Office of Health Care Quality, Maryland Medicaid, and the Maryland Department of Aging. Discussion focused on what types of long term care data the Commission currently collects, how it has been displayed and distributed, and how the users of long term care data would like to see it used in the future. A summary of the meeting was sent to the participants. As a result of the meeting, Lifespan is polling its members for further input.

Data collection has been completed for the 2004 Maryland Hospice Survey. A preliminary public use data set (Version 1.0) has been posted on the Commission's website. Staff will continue to conduct further analysis of this dataset.

Staff of the Long Term Care Division has responded to requests for data on home health agencies in Maryland. There were two recent data requests: one from within Maryland, and the other from out of state. Work is in progress to summarize home health agency data for FY 2002 and 2003.

On August 23, 2005, staff attended OHCQ's In-Home Health Services Forum. This was a subcommittee meeting that focused on regulations and structural requirements for agencies providing various types of in-home services, including: home health agencies, residential service agencies, nursing referral service agencies, and nurse staffing agencies. The work in this area is ongoing and OHCQ does not expect to have recommendations for this year's legislative session.

Staff also represented the Commission at the OHCQ's Assisted Living Forum on August 24, 2005. In addition to a discussion of assisted living regulations, there were two major presentations. Dr. Adam Rosenblatt of the Division of Geriatric Psychiatry and Neuropsychiatry at the Johns Hopkins School of Medicine presented the results of the Maryland Assisted Living Study entitled "Prevalence, Recognition, and Treatment of Dementia and Other Psychiatric Disorders." There was also a presentation (by Dr. John Balch of the Maryland Board of Pharmacy) about the American Society of Consultant Pharmacists and the role of the pharmacist in reducing potential inappropriate medications in the assisted living setting.

### **Specialized Health Care Services**

On April 19, 2005, the Research Proposal Review Committee met at the BWI Marriott to consider a proposal submitted by Thomas Aversano, M.D. and colleagues to compare the outcomes of non-primary angioplasty at hospitals with and without on-site cardiac surgery. The Commission appointed the committee to provide advice to the Commission on the proposed study, which requires a waiver under the State Health Plan (COMAR 10.24.17). COMAR 10.24.17 requires the Commission's Executive Director to consider the advice of the Research Proposal Review Committee in preparing a recommendation to the Commission to issue or deny issuance of a waiver. On August 16th, Thomas J. Ryan, M.D., Chairman of the Research Proposal Review Committee, transmitted the committee's final report to Rex W. Cowdry, M.D., Executive Director. On August 30th, Dr. Aversano and colleagues requested that their proposal be withdrawn from consideration by the Commission. At the September 15th meeting of the Commission, Dr. Cowdry will present the *Report of the Research Proposal Review Committee* to the Commission for its release.